See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation).

The organization may have to use a copy of this return to satisfy state reporting requirements.

A. For the 2007 calendar year, or tax year beginning and ending _______________.

B. Check if applicable

   Name of organization:
   SOCIAL & ENVIRONMENTAL ENTREPRENEURS
   Number and street (or P.O. box if mail is not delivered to street address): 11948 WEST WASHINGTON BOULEVARD
   City or town, state or country, and ZIP + 4: LOS ANGELES, CA 90066
   Room/suite: 201
   Telephone number: (310) 737-9148

C. Employer identification number: 95-4116679

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☑ Yes ☐ No
H(b) If "Yes," enter number of affiliates: N/A
H(c) Are all affiliates included? ☑ Yes ☐ No
H(d) If a separate return filed by an organization covered by a group ruling? ☑ Yes ☐ No

G. Website: WWW.SAVEOURPLANET.ORG

J. Organization type (check only one):
☐ 501(c)(3) ☑ 4947(a)(1) or 527

K. Check here ☑ if the organization is not a 501(c)(3) supporting organization and its gross receipts are not normally more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,960,704.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1. Contributions, gifts, grants, and similar amounts received:
   a. Contributions to donor advised funds
   b. Direct public support (not included on line 1a)
   c. Indirect public support (not included on line 1a)
   d. Government contributions (grants) (not included on line 1a)
   e. Total (add lines 1a through 1d) (cash $ 1,927,180, noncash $ 28,500)

2. Program service revenue including government fees and contracts (from Part V, line 9)

3. Membership dues and assessments

4. Interest on savings and temporary cash investments

5. Dividends and interest from securities

6. Gross rents
   a. Gross rents
   b. Less: rental expenses
   c. Net rental income or (loss). Subtract line 6b from line 6a

7. Other investment income (describe )
   a. Gross amount from sales of assets other than inventory
   b. Less: cost or other basis and sales expenses
   c. Gain or (loss) (attach schedule)
   d. Net gain or (loss). Combine line 8c, columns (A) and (B)

8. Special events and activities (attach schedule). If any amount is from gaming, check here ☐
   a. Gross revenue (not including $ of contributions reported on line 1b)
   b. Less: direct expenses other than fundraising expenses
   c. Net income or (loss) from special events. Subtract line 9b from line 9a

9. Total revenue. Add lines 1, 2, 3, 4, 5, 6c, 7, 8b, 9c, 10b, 11, and 12

10. Expenses:
    a. Gross sales of inventory, less returns and allowances
    b. Less: cost of goods sold
    c. Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

11. Other revenue (from Part V, line 103)

12. Total expenses. Add lines 11, 13, 14, 15, 16, 17, and 18

13. Total expenses. Add lines 16 and 44, column (A)

14. Excess or (deficit) for the year. Subtract line 17 from line 12

15. Net assets or fund balances at beginning of year (from line 73, column (A))

16. Other changes in net assets or fund balances (attach explanation)

17. Net assets or fund balances at end of year. Combine lines 18, 19, and 20

18. For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)
## Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

- **Do not include amounts reported on line 6b, 6b, 7b, 10b, or 16 of Part I.**

<table>
<thead>
<tr>
<th>Item</th>
<th>A Total</th>
<th>B Program Services</th>
<th>C Management and General</th>
<th>D Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants paid from donor advised funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cash)</td>
<td>0</td>
<td>noncash</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other grants and allocations (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cash)</td>
<td>0</td>
<td>noncash</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Specific assistance to individuals (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Benefits paid to or for members (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>Compensation of current officers, directors, key employees, etc. listed in Part V-A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25b</td>
<td>Compensation of former officers, directors, key employees, etc. listed in Part V-B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25c</td>
<td>Compensation and other distributions, not included above, to disqualified persons (as defined under section 4956(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Salaries and wages of employees not included on lines 25a, b, and c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Pension plan contributions not included on lines 25a, b, and c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Employee benefits not included on lines 25a - 27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
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<tr>
<td>30</td>
<td>Professional fundraising fees</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>31</td>
<td>Accounting fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Legal fees</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>33</td>
<td>Supplies</td>
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<td></td>
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<td>34</td>
<td>Telephone</td>
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<tr>
<td>35</td>
<td>Postage and shipping</td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>Occupancy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>37</td>
<td>Equipment rental and maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Printing and publications</td>
<td></td>
<td></td>
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<tr>
<td>39</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>41</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Depreciation, depletion, etc. (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Other expenses not covered above (itemize):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a BANK FEES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b CONSULTING FEES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c COMMUNITY RELATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d MEMBERSHIP DUES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e INSURANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f MISCELLANEOUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>1,674,890</td>
<td>1,522,538</td>
<td>152,352</td>
<td>0</td>
</tr>
</tbody>
</table>

**Joint Costs. Check □ if you are following SOP 98-2.**

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? □ Yes □ No

If "Yes," enter (i) the aggregate amount of these joint costs $N/A; (ii) the amount allocated to Program services $N/A; (iii) the amount allocated to Management and general $N/A; and (iv) the amount allocated to Fundraising $N/A.
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure that your return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? [ ]

**ENVIRONMENTAL AND SOCIAL JUSTICE PROJECTS.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

<table>
<thead>
<tr>
<th>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a FISCAL-SPONSORED PROGRAM SERVICE ACCOMPLISHMENTS INCLUDED ENVIRONMENTAL AND SOCIAL PROJECTS IN LAND PRESERVATION, HEALTH AND HEALING, ENVIRONMENTAL EDUCATION, WOMEN'S AND CHILDREN'S RIGHTS, HUMANITARIAN AND SOCIAL JUSTICE, ENVIRONMENTAL POLICY AND NATURAL RESOURCES, CULTURAL AND INDIGENOUS RIGHTS, AND ANIMAL RIGHTS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants and allocations $ 1,522,538.) If this amount includes foreign grants, check here ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b</th>
</tr>
</thead>
</table>

| (Grants and allocations $ ) If this amount includes foreign grants, check here ☐ |

<table>
<thead>
<tr>
<th>c</th>
</tr>
</thead>
</table>

| (Grants and allocations $ ) If this amount includes foreign grants, check here ☐ |

<table>
<thead>
<tr>
<th>d</th>
</tr>
</thead>
</table>

| (Grants and allocations $ ) If this amount includes foreign grants, check here ☐ |

<table>
<thead>
<tr>
<th>e Other program services (attach schedule)</th>
</tr>
</thead>
</table>

| (Grants and allocations $ ) If this amount includes foreign grants, check here ☐ |

| f Total of Program Service Expenses (should equal line 44, column (B), Program services) 1,522,538. |

Form 990 (2007)
### Part IV: Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Cash - non-interest-bearing</td>
<td>310,732, 45</td>
<td>1,015,710, 46</td>
</tr>
<tr>
<td>46 Savings and temporary cash investments</td>
<td>907,669, 46</td>
<td>488,505, 48</td>
</tr>
<tr>
<td>47a Accounts receivable</td>
<td>47a</td>
<td></td>
</tr>
<tr>
<td>47b Less: allowance for doubtful accounts</td>
<td>47b</td>
<td></td>
</tr>
<tr>
<td>48a Pledges receivable</td>
<td>48a</td>
<td></td>
</tr>
<tr>
<td>48b Less: allowance for doubtful accounts</td>
<td>48b</td>
<td></td>
</tr>
<tr>
<td>49 Grants receivable</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>50a Receivables from current and former officers, directors, trustees, and key employees</td>
<td>50a</td>
<td></td>
</tr>
<tr>
<td>50b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>50b</td>
<td></td>
</tr>
<tr>
<td>51a Other notes and loans receivable</td>
<td>51a</td>
<td></td>
</tr>
<tr>
<td>51b Less: allowance for doubtful accounts</td>
<td>51b</td>
<td></td>
</tr>
<tr>
<td>52 Inventories for sale or use</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>53 Prepaid expenses and deferred charges</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>54a Investments - publicly-traded securities</td>
<td>54a</td>
<td></td>
</tr>
<tr>
<td>54b Investments - other securities</td>
<td>54b</td>
<td></td>
</tr>
<tr>
<td>55a Investments - land, buildings, and equipment: basis</td>
<td>55a</td>
<td></td>
</tr>
<tr>
<td>55b Less: accumulated depreciation</td>
<td>55b</td>
<td></td>
</tr>
<tr>
<td>56 Investments - other</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>57a Land, buildings, and equipment: basis</td>
<td>57a</td>
<td>6,100</td>
</tr>
<tr>
<td>57b Less: accumulated depreciation</td>
<td>57b</td>
<td></td>
</tr>
<tr>
<td>58 Other assets, including program-related investments (describe ▶)</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>59 Total assets (must equal line 74). Add lines 45 through 58</td>
<td>1,218,401, 59</td>
<td>1,504,215, 58</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 Accounts payable and accrued expenses</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>61 Grants payable</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>62 Deferred revenue</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>63 Loans from officers, directors, trustees, and key employees</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>64a Tax-exempt bond liabilities</td>
<td>64a</td>
<td></td>
</tr>
<tr>
<td>64b Mortgages and other notes payable</td>
<td>64b</td>
<td></td>
</tr>
<tr>
<td>65 Other liabilities (describe ▶)</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>66 Total liabilities. Add lines 60 through 65</td>
<td>0, 66</td>
<td>0</td>
</tr>
</tbody>
</table>

Organizations that follow SFAS 117, check here ▶ and complete lines
67 through 69 and lines 73 and 74.

| 67 Unrestricted                                                       | 24,171, 67            | 18,173, 68      |
| 68 Temporarily restricted                                             | 1,194,230, 68         | 1,486,042, 69   |
| 69 Permanently restricted                                             | 69                    |                 |

Organizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.

| 70 Capital stock, trust principal, or current funds                   | 70                    |                 |
| 71 Paid-in or capital surplus, or land, building, and equipment fund | 71                    |                 |
| 72 Retained earnings, endowment, accumulated income, or other funds  | 72                    |                 |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. | 73                     |                 |
| (Column A must equal line 19 and column B must equal line 21)         | 1,218,401, 73         | 1,504,215, 74   |

| Net Assets or Fund Balances. Add lines 66 and 73                      | 1,218,401, 74         | 1,504,215, 74   |

Form 990 (2007)
### Part IV-A
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

- Total revenue, gains, and other support per audited financial statements

<table>
<thead>
<tr>
<th>a</th>
<th>N/A</th>
</tr>
</thead>
</table>

\[ b \]
Amounts included on line a but not on Part I, line 12:

1. Net unrealized gains on investments
2. Donated services and use of facilities
3. Recoveries of prior year grants
4. Other (specify):

\[ b_1 \]
Add lines b 1 through b 4

\[ b \]
Subtract line b from line a

\[ c \]
Amounts included on Part I, line 12, but not on line a:

1. Investment expenses not included on Part I, line 6b
2. Other (specify):

\[ d_1 \]
Add lines d 1 and d 2

\[ d \]
Total revenue (Part I, line 12). Add lines c and d

### Part IV-B
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

- Total expenses and losses per audited financial statements

<table>
<thead>
<tr>
<th>a</th>
<th>N/A</th>
</tr>
</thead>
</table>

\[ b \]
Amounts included on line a but not on Part I, line 17:

1. Donated services and use of facilities
2. Prior year adjustments reported on Part I, line 20
3. Losses reported on Part I, line 20
4. Other (specify):

\[ b_1 \]
Add lines b 1 through b 4

\[ b \]
Subtract line b from line a

\[ c \]
Amounts included on Part I, line 17, but not on line a:

1. Investment expenses not included on Part I, line 6b
2. Other (specify):

\[ d_1 \]
Add lines d 1 and d 2

\[ d \]
Total expenses (Part I, line 17). Add lines c and d

### Part V-A
Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the Instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employees benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
</table>
| ANDREW BEATH  
11948 W. WASHINGTON BLVD. SUITE 201  
LOS ANGELES, CA 90066 | PRESIDENT | 1.00 | 0. | 0. |
| MAX GAIL  
11948 W. WASHINGTON BLVD. SUITE 201  
LOS ANGELES, CA 90066 | SECRETARY | 1.00 | 0. | 0. |
| TIM ANDERSON  
11948 W. WASHINGTON BLVD. SUITE 201  
LOS ANGELES, CA 90066 | TREASURER | 1.00 | 0. | 0. |
| ATOSSA SOLTANI  
11948 W. WASHINGTON BLVD. SUITE 201  
LOS ANGELES, CA 90066 | DIRECTOR | 1.00 | 0. | 0. |
| JOHN FELDSTEIN  
11948 W. WASHINGTON BLVD. SUITE 201  
LOS ANGELES, CA 90066 | DIRECTOR | 1.00 | 0. | 0. |
| NIMA DILMAHANI  
11948 W. WASHINGTON BLVD. SUITE 201  
LOS ANGELES, CA 90066 | DIRECTOR | 1.00 | 0. | 0. |
| SARAH VAII  
11948 W. WASHINGTON BLVD. SUITE 201  
LOS ANGELES, CA 90066 | DIRECTOR | 1.00 | 0. | 0. |
## Part V-A | Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings: **7**

75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organization, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

If "Yes," attach a statement that includes the information described in the instructions.

75d Does the organization have a written conflict of interest policy? **X**

### Part V-B | Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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</tbody>
</table>

## Part VI | Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change **X**

77 Were any changes made in the organizing or governing documents but not reported to the IRS? **X**

If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? **N/A**

78b If "Yes," has it filed a tax return on Form 990-T for this year? **X**

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement **X**

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? **X**

81a Enter direct and indirect political expenditures. (See line 81 instructions.) **0**

81b Did the organization file Form 1120-POL for this year? **X**
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 
   b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. 
   (See instructions for Part III.) 
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 
   b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 
   b Did the organization make only in-house lobbying expenditures of $2,000 or less? 
   If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. 
   c Dues, assessments, and similar amounts from members 
   d Section 162(e) lobbying and political expenditures 
   e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 
   f Taxable amount of lobbying and political expenditures (line 85d less 85e) 
   g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 
   h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 
86 501(c)(7) organizations: Enter: a. initiation fees and capital contributions included on line 12 
   b Gross receipts, included on line 12, for public use of club facilities 
87 501(c)(12) organizations: Enter: a. Gross income from members or shareholders 
   b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 
   b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 
89 a 501(c)(3) organizations: Enter: Amount of tax imposed on the organization during the year under: 
   section 4911 0 ； section 4912 0 ； section 4955 0 . 
   b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 
   If "Yes," attach a statement explaining each transaction 
   c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 . 
   d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0 . 
   e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 
   f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 
   g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 
90 a List the states with which a copy of this return is filed CA 
91 a The books are in care of SOCIAL & ENVIRONMENTAL ENTREPRENEUR Telephone no. (310) 737-9148 
   Located at 11948 W. WASHINGTON BLVD, # 201, LOS ANGELES, CA 90066 
   b At any time during the calendar year, did the organization have an interest in a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 
   If "Yes," enter the name of the foreign country N/A 
   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
**Part VI**  
Other Information (continued)  

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>At any time during the calendar year, did the organization maintain an office outside of the United States?</td>
<td></td>
<td>91c X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; enter the name of the foreign country ➤</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ➤ □  
and enter the amount of tax-exempt interest received or accrued during the tax year. ➤ 92 □ N/A

**Part VII**  
Analysis of Income-Producing Activities (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

<table>
<thead>
<tr>
<th>Unrelated business income</th>
<th>Excluded by section 512, 513, or 514</th>
<th>Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Business code</td>
<td>(B) Amount</td>
<td>(C) Exclusion code</td>
</tr>
</tbody>
</table>

93 Program service revenue:  
a
b
c
d
e
f Medicare/Medicaid payments  
g Fees and contracts from government agencies  

94 Membership dues and assessments  

95 Interest on savings and temporary cash investments  

96 Dividends and interest from securities  

97 Net rental income or (loss) from real estate:  
a debt-financed property  
b not debt-financed property  

98 Net rental income or (loss) from personal property  

99 Other investment income  

100 Gain or (loss) from sales of assets:  
other than inventory  

101 Net income or (loss) from special events  

102 Gross profit or (loss) from sales of inventory  

103 Other revenue:  
a
b
c
d
e

104 Subtotal (add columns (B), (D), and (E))  

105 Total (add line 104, columns (B), (D), and (E)) ➤ 33,524.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII**  
Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

**Line No.**  

\[ \text{Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).} \]

**Part IX**  
Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

<table>
<thead>
<tr>
<th>Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>Percentage of ownership interest</th>
<th>Nature of activities</th>
<th>Total income</th>
<th>End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

**Part X**  
Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  □ Yes X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  □ Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).
### Part XI 
Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>106</strong></td>
<td>Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If &quot;Yes,&quot; complete the schedule below for each controlled entity.</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>(A) Name, address, of each controlled entity</td>
<td>(B) Employer Identification Number</td>
<td>(C) Description of transfer</td>
<td>(D) Amount of transfer</td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
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<tr>
<td>Totals</td>
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<tbody>
<tr>
<td><strong>107</strong></td>
<td>Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If &quot;Yes,&quot; complete the schedule below for each controlled entity.</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>(A) Name, address, of each controlled entity</td>
<td>(B) Employer Identification Number</td>
<td>(C) Description of transfer</td>
<td>(D) Amount of transfer</td>
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</thead>
<tbody>
<tr>
<td><strong>108</strong></td>
<td>Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer

Date

Type or print name and title

Preparer's signature

Date 4/8/08

Check if self-employed □

Preparer's SSN or PTIN (See Gen. Inst. X)

Paid

Preparer's Use Only

QUIGLEY & MIRON, CPA'S

3550 WILSHIRE BOULEVARD--SUITE 1660

LOS ANGELES, CA 90010-2481

EIN □

Phone no. □ (213) 639-3550

Form 990 (2007)
**Form 8868 (Rev. 4-2009)**

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

### Part II - Additional (Not Automatic) 3-Month Extension of Time

Only file the original (no copies needed).

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SOCIAL &amp; ENVIRONMENTAL ENTREPRENEURS</td>
<td>95-4116679</td>
</tr>
</tbody>
</table>

**File by the extended due date for filing the return. See instructions.**

<table>
<thead>
<tr>
<th>Number, street, and room or suite no.</th>
<th>If a P.O. box, see instructions.</th>
<th>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11948 WEST WASHINGTON BOULEVARD, NO. 201</td>
<td></td>
<td>LOS ANGELES, CA 90066</td>
</tr>
</tbody>
</table>

**Check type of return to be filed** (File a separate application for each return):

- [X] Form 990
- [ ] Form 990-EZ
- [ ] Form 990-T (sec. 401(a) or 408(a) trust)
- [ ] Form 1041-A
- [ ] Form 5227
- [ ] Form 8870
- [ ] Form 990-BL
- [ ] Form 990-PF
- [ ] Form 990-T (trust other than above)
- [ ] Form 4720
- [ ] Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

---

**THE ORGANIZATION - 11948 WEST WASHINGTON BOULEVARD, NO.**

- The books are in the care of 201 - LOS ANGELES, CA 90066

**Telephone No.** (310) 737-9148  
**FAX No.**

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4. I request an additional 3-month extension of time until NOVEMBER 15, 2009.

5. For calendar year 2008 , or other tax year beginning , and ending .

6. If this tax year is for less than 12 months, check reason: [ ] Initial return  [ ] Final return  [ ] Change in accounting period

7. State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE CERTAIN ACCOUNTING PROCEDURES RELATED TO THE BOOKS OF THE ORGANIZATION.

8a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  

8b. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  

8c. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTDA coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  

8 $ N/A

---

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**Signature** [Signature]
**Title** CPA
**Date** 8/6/09

---

Form 8868 (Rev. 4-2009)